

**Executive Committee for Highway Safety
Older Driver Safety
Working Group Meeting Minutes – Mtg. #5**

June 12, 2006

Location:

AAA Carolinas, Charlotte @ 11:00 a.m.

Attending:

Jane Stutts, Chair	UNC Highway Safety Research Center
Suzanne LaFollette-Black	NC AARP
Cliff Braam	NC DOT Traffic Engineering & Safety Systems Branch
Phyllis Bridgeman	NC DHHS Division of Aging and Adult Services
Sherry Creech	NC DMV Driver License Medical Review Branch
Stacie Cruz	NC Governor's Highway Safety Program
Sarah Davis	AAA Carolinas
Ronda Deitsch	NC AARP
Davis Fort	Physician, retired
Stephanie Hackler	National MS Society, Mid Atlantic Chapter (for Kathy Goff)
Frank Hackney	NC Governor's Highway Safety Program
Janice Huff	NC Medical Society / Family Medicine Physician
Kevin Lacy	NC DOT Traffic Engineering & Safety Systems Branch
Kristin Phillips	NC AARP
Susan Stewart	NC DMV Driver License Medical Review Branch
Carol Williams	NC Assistive Technology Program
Jenny Womack	UNC School of Medicine, Division of Occupational Science

Minutes:

Jane greeted everyone and thanked Sarah Davis for hosting the meeting at AAA Carolinas. Those present were asked to introduce themselves to two visiting attendees: Kristin Phillips, who is interning with AARP this summer, and Stephanie Hackler, representing the Mid-Atlantic MS Society and filling in for Kathy Goff. Frank Hackney announced that he had been asked by Director Darrell Jernigan to be GHSP's official representative to the group, and Stacie Cruz was also attending from that office.

The agenda that had been set for the meeting was to finalize strategies for presentation to the NC DOT Executive Committee for Highway Safety. Strategies are currently being deliberated in three areas: (1) Improving the roadway and driving environment, (2) Identifying high risk drivers, and (3) Educating the general driving public.

Roadway Interchange Strategy

Kevin Lacy gave an update on what the roadway subcommittee is considering recommending to address the problem of drivers' knowing which lane they need to be in to negotiate a non-standard interchange design. While most interchanges are basic "diamond" designs (i.e., when

heading north, a left turn to access a roadway traveling west, and a right turn to access that same roadway traveling east), Kevin noted that older drivers in particular seemed to have a problem with non-standard designs, such as the situation where both directions of travel on another roadway are accessed by a left (or right) turn. (Diagrams available).

To address this situation, the roadway subcommittee is proposing to add an additional informational sign at the point where the junction is first signed. Specifically, underneath the initial roadway junction sign, and 800-1,000 feet in advance of the intersection, the group is proposing to add a sign that says “All traffic left lane,” or “All (I-40) traffic left lane.” Kevin stated that he had been soliciting informal feedback regarding the sign from other staff at DOT with favorable results. He also plans to present the sign to a meeting of the NC DOT Traffic Operations committee in early July. Assuming this group voices their approval of the sign, he will draft a recommendation that will be sent out to the full working group for its review and comment. Our goal will be to have this completed by the second week in July, so that the strategy can be revised and submitted to the ECHS 7-10 days prior to its scheduled meeting in Raleigh on July 22.

In developing the strategy, Kevin noted that he would likely recommend that the signs initially be pilot tested in a small number of locations, and public feedback obtained. If the response is favorable, then the DOT would look for ways to fund placing such signage in the 1,000 or so interchanges of that type in the state. It was also suggested that AAA Carolinas and AARP could play a role in educating the public about the signs, e.g., by including information on their maps or in newsletter stories.

It was noted that the Intersection Working Group has already submitted a somewhat similar strategy calling for advanced street name signs at intersections. However, due to the huge numbers of intersections in the state and the high costs of placing signs at all locations, the strategy has been referred back to the Intersection Working Group for reconsideration. Our group will work with this group to make sure they are aware of and support our strategy. Finally, Frank Hackney noted that roadway interchanges that also included access roads could be especially confusing for older drivers and contribute to wrong-way driving on divided roadways. Kevin agreed, and commented that the best solution in this case was to construct the access road so that it could not be accessed going the wrong direction, i.e., an engineering rather than operational solution to the problem.

FHWA Training Strategy

As a complement to the above strategy, Jane distributed a copy of a strategy that she had drafted earlier that aims to build capacity within the state by hosting a series of FHWA-sponsored Older Driver Highway Design Handbook Workshops, and in effect, creating a “train-the-trainer” program to reach out to state and local engineers, planners and other practitioners to sensitize and educate them regarding the needs of older road users. Kevin noted that the primary challenge to this strategy was to ensure that such training would be available on a sustained basis in order to meet the demands of a workforce that was facing large scale retirements and new personnel coming onboard. He noted that the workshops should essentially “pay for themselves” through registration fees, but that a group was needed to take on the job of organizing and offering the workshops. Members suggested several groups that might be interested in such an activity (NC

IT, Council of Governments, Institute of Transportation Engineers). Jane said that she would explore this matter and revise the draft strategy accordingly. Since the FHWA workshops also address the needs of older pedestrians, Frank Hackney suggested that our group work with the newly established Pedestrian Working Group in promoting the strategy.

Identifying Medically At-Risk Drivers Strategy

After a break for lunch, Jane suggested that discussion of strategies for increasing public and community awareness of older driver issues be postponed until the next meeting, so that the group could focus on its objective of identifying and assisting at-risk older drivers. One strategy that had been proposed was to educate physicians about medical conditions and functional limitations that can affect driving ability, and how to screen for potential problems in their patients and effectively intervene when necessary. Several points were raised during the ensuing discussion:

- Physicians need clarity on their responsibilities for reporting at-risk drivers to the DMV (regardless of age) and their potential for legal action. Currently NC law provides physicians immunity for reporting a driver they believe to be unsafe. However, it is unclear whether the same immunity extends to follow-up medical information physicians may provide to the Medical Review Board. Also, physicians need to know that they *may* be held liable for failure to report an at-risk driver, even though NC currently does not currently mandate physician reporting.
- Physicians also would benefit from a better understanding of why so much information is requested on DMV's request for medical information on a patient, and how this information is used by the DMV.
- Mandatory physician reporting can have a negative effect if it discourages patients from seeking treatment from their physician. However, the Oregon model of mandatory reporting "with permission" of a broader list of medical conditions might be considered.
- Rather than reporting a patient to the DMV or doing nothing at all, another option for physicians is to recommend that a patient be evaluated by an occupational therapist. However, physicians still need to conduct some level of screening to identify these at-risk drivers, and many are unaware of the services provided by OTs or how to locate an OT in their area.
- OTs are being encouraged by their professional association to become more actively involved in issues of driver safety, and to themselves report unsafe drivers to the DMV. A complete OT evaluation typically takes 4-5 hours and costs \$300-\$400, although Medicare sometimes covers some of these costs (e.g., the clinical portion).
- CME courses are one option for physician training, but Janice pointed out that only a small percentage of physicians participate in training in a given year.
- In addition to physicians, drivers come to the attention of the DMV through reports from law enforcement and from a review of crash reports in cases where the officer indicates a medical condition may have been a factor in the crash. Once a driver is referred to the Medical Review Program, they are monitored over a period of time.

- The question of whether the NC DMV should conduct more screening of license renewal applicants, or require more frequent renewals for drivers past a certain age, was not resolved. Generally, the group did not feel that stricter licensing requirements for older drivers would be supported by the State Legislature (although a number of states do have special requirements in place for drivers past a certain age).
- Pennsylvania was offered as a potential model for NC to follow regarding increased screening for older drivers. Each year a random sample of drivers is identified and required to have their physician fill out a form certifying their fitness to drive prior to renewing their license. Although the sample is randomly selected, it is heavily weighted towards drivers age 70 and older.
- It was also suggested that at the time they renew their license, drivers could be required to respond to a more detailed questionnaire asking them to self-report medical conditions and medication use that could negatively affect their driving ability. Based on their responses to the questions, drivers could then be referred to the Medical Review Program for follow-up and/or monitoring.
- It was also noted that driver's license fees in the U.S. were low compared to other countries, and that a higher fee could generate increased funding for screening and referral of at-risk drivers of any age.

Towards the end of the discussion, the group moved towards recommending that a strategy be focused more broadly on educating the public about how medical conditions and functional limitations can affect driving ability, available resources (e.g., OTs) for assessing driving ability and obtaining remedial assistance, and the roles and responsibilities of all parties (the DMV, older drivers, friends and family of older drivers, physicians, other health professionals) in ensuring driving competence. Jane indicated that she would try to take these recommendations and draft a new strategy for the group's consideration. She also noted that GHSP had indicated that it would continue to provide funding to support the Coalition's activities, which next year was to include development of a dedicated older driver website housed at DMV. The website could be linked with AARP, AAA, MS Society, American Occupational Therapy Association, NC Medical Society, and other resources, and serve as a stepping point for addressing some of the broader public education goals the committee was envisioning.

Update on Planned Community Workshops

Suzanne LaFollette-Black provided a brief update on the "Senior Driver Safety and Mobility Options Community Forums" scheduled for the following dates and locations:

- June 22 in Greensboro (North Carolina A&T State University)
- July 11 in Southern Pines (Sand Hills Community College)
- August 24 in Waynesville (Family Resource Center, Lake Junaluska)
- August 30 in Raleigh (AARP State Offices)

Suzanne distributed a program for the Greensboro forum and noted that 24 people had already signed up to attend. In addition to representatives from the state coalition, local stakeholders include city and county engineers and planners, NC A&T academics, local AARP representatives, the SAFE Guilford Coalition, Faith in Action, Senior Resources of Guilford, and

local law enforcement. There was some discussion of trying to partner with the 17 active Safe Community organizations across the state to promote older driver safety. (See http://www.nhtsa.gov/people/injury/Safe_Communities/default.htm for more information on these programs.) It was noted that the target audience for the forums is professionals, and the goal is to foster community partnerships and networking for improving safety for older drivers and pedestrians. Suzanne invited anyone from the Coalition who is not already directly involved in the forums to attend one of the events.

Action Items

Name	Item
Kevin Lacy	Continue to gather feedback from DOT staff regarding the proposed signage change, and assuming a favorable response, prepare a draft strategy that can be circulating to members of the working group the second week in July, in time for final revisions to be made before the next scheduled ECHS Meeting.
Jane Stutts	Revise the FHWA training strategy to include a plan for making the training available on an ongoing, multi-year basis.
Jane Stutts Licensing/Medical Group	Prepare a draft strategy to address the needs of educating all involved parties (DMV staff, physicians, law enforcement, older drivers themselves, etc.) about medical requirements for licensing and approaches for identifying and remediating at-risk drivers.
ALL	Are invited to attend one of the scheduled Senior Driver Safety and Mobility Options forums (contact Suzanne to obtain details)
ALL	Are invited to attend the ECHS meeting scheduled for July 25 at 9:30 at the State Engineering Office near the state fairgrounds in Raleigh. Contact Jane for details.

Next Meeting:

The next meeting was scheduled for August 23 at the UNC Highway Safety Research Center's offices in Chapel Hill. However, Jane may need to change this date due to a conflict in travel plans (Sorry!).

The meeting was adjourned at 1:40 pm. Members involved in the Community Forums stayed an additional 30 minutes to finalize plans for the Greensboro Forum.